

## **South Dakota Board of Nursing**

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sloux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Curriculum Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Marison Idone	are/	Prairie. L	aker Eluci	Stienel Cooperat
Name of Primary Instructor: 1) of the To	123	alker R	V	- Torac
Address: 917 Y. Washing	ton	live	-*	
m/adison so	<u>5104</u>	12		
Phone Number:	<del>[</del> 0	Fax Number	er: 605-256	-8915
E-mail Address of Faculty: hhc.hosace	C m	adisonh		n
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Request to use the following approved curri- selected curriculum. Each program is expe-	culum(s); cted to re	; submit a compl tain program reco	leted Curriculum Applic ords using the Enrolled	ation Form for each Student Log form,
2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)				
Mosby's Texpook for Medication Assistants, Sorrentino & Remmert (2009)				
Nebraska Health Care Association (2010) (NHCA)				
☐ We Care Online				
2. List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.  RN LICENSE				
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verification (Completed by SDBON)
Dotto To Walker	$\overline{S}\overline{\Omega}$	R022662	8/22/2017	GL W
Karen Logan	50	R015528	01/01/2013	of un
			70/000	
RN Faculty Signature:	on, A	ed Died	Date:	-23-12
This section to be completed by the South Dako	rta Board	of Nursing		
Date Application Received: 04/23/2012		Date Notice Sent to Institution:		
Date Application Approved: 04/24/2012		Date Application Denled:		
Expiration Date of Approval: 04/30/2014		Reason:		
Board Representative: GuisMutti	$\overline{Z}$	]		
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